

**COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY**

As below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

**TRANSMUCOSAL PHARMACEUTICAL ADMINISTRATION FORM**

the specification of which

- is attached hereto
- was filed on

and including all the amendments through the date hereof.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application (s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

**Prior Foreign Application (s) for which Priority is Claimed:**

- 1.) Federal Republic of Germany, 10251963.3 of November 08, 2002

And I hereby appoint

/ William F. Lawrence, Registration No. 28,029, of the firm FROMMER LAWRENCE & HAUG, LLP whose post office address is 745 Fifth Avenue, New York, New York 10151, or their duly appointed associate, my attorneys, with full power of substitution and revocation, to prosecute this application, to make alterations and amendments therein, to file continuation and divisional application thereof, to receive the Patent, and to transact all business in the Patent and Trademark Office and in the Courts in connection therewith, and specify that all communications about the application are to be directed to the following correspondence address:

William F. Lawrence, Esq.  
c/o FROMMER, LAWRENCE & HAUG LLP  
745 Fifth Avenue  
New York, New York 10151


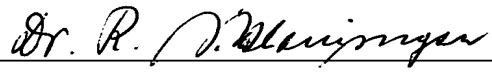
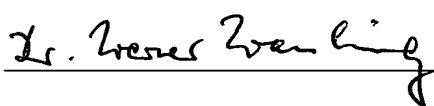
Direct all telephone calls to:  
(212) 588-0800, to the attention  
of : William F. Lawrence

2002/112 US

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

INVENTOR (S)/Residence

- 1.) Dr. Hans-Rainer Hoffmann, Burghofstr. 123, 56566 Neuwied, Germany DEX
- 2.) Dr. Reinhard von Kleinsorgen, Benzenhahn 14, 56170 Bendorf, Germany DEX
- 3.) Dr. Werner Wessling, Beethovenstr. 4, 56579 Rengsdorf, Germany DEX

Signature: <u></u>	Date: <u>07.03.2005</u>
Signature: <u></u>	Date: <u>07.03.2005</u>
Signature: <u></u>	Date: <u>07.03.2005</u>

The inventors are citizens of Germany.

Post Office Address of the Inventor:

LTS Lohmann Therapie-Systeme AG  
-Patentabteilung-  
Lohmannstrasse 2  
56626 Andernach  
Germany